Department for Children and Families / Child Development Division Licensed Child Care Programs - RECORD CHECK AUTHORIZATION

(Certificate Number) (Name of the program on the License Certificate) (Town of Program) (Program Telephone #) Circle position held: Director Head Teacher Teacher Assistant Aide Substitute Owner Cook Janitor Transportation Other (please list): Print: (Last Name) (First Name) (Middle Name) Print maiden name and all other last names used: Social Security #: Date of Birth: (Town) (State) Employment Start Date: [Y] Personal Contact Number: Email: Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against him/her? Yes No If YES, give conviction description: (attach additional sheets as needed) Junderstand that the Agency of Human Services may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont Criminal Information Center (State Police) and the abuse and neglect records maintained by the Agency.	Print the name of the	e Child Care program exactly as it appears on the License Certificate:	
Circle position held: Director Head Teacher Teacher Assistant Aide Substitute Owner Cook Janitor Transportation Other (please list): Print: (Last Name) (First Name) (Middle Name) Print maiden name and all other last names used: Social Security #: Date of Birth: (Town) (State) Employment Start Date: [Town] Personal Contact Number: Email: Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against him/her? Yes No If YES, give conviction description: (attach additional sheets as needed) I understand that the Agency of Human Services may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont	(Certificate Number)	(Name of the program on the License Certificate)	
Owner Cook Janitor Transportation Other (please list):	(Town of Program)	(Program Telephone #)	
Print maiden name and all other last names used:	Circle position held:	Owner Cook Janitor Transportation	
Print maiden name and all other last names used:	Print:		
Social Security #: Date of Birth:	(Last Name)	(First Name) (Middle Name)	
Place of Birth:	Print maiden name a	nd all other last names used:	
Employment Start Date:/ Personal Contact Number: Email: Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against him/her? Yes No If YES, give conviction description: (attach additional sheets as needed) I understand that the Agency of Human Services may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont	Social Security #:	Date of Birth:/	
Email:			
Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against him/her? Yes No If YES, give conviction description: (attach additional sheets as needed) I understand that the Agency of Human Services may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont	Employment Start Da	ate:/ Personal Contact Number:	
Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against him/her? Yes No If YES, give conviction description: (attach additional sheets as needed) I understand that the Agency of Human Services may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont	Email:		
my personal references, including, but not limited to, criminal records maintained by the Vermont	Have you ever been of violence or unlaw him/her? Yes	convicted or found by a court to have committed a felony, fraud, crime ful sexual activity, and/or had abuse or neglect substantiated against No	
Furthermore, I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Criminal information Center by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.	my personal reference Criminal Information Furthermore, I under the Vermont Crimina	res, including, but not limited to, criminal records maintained by the Vermont of Center (State Police) and the abuse and neglect records maintained by the Agency restand that I have the right to appeal the accuracy of any information obtained from all information Center by writing to: Vermont Criminal Information Center,	√.
Signature:	Signature:	Date:	

